

+C IFRC

Swiss Red Cross



COMMUNITY
HEALTH
MODULE

Community health
assessment



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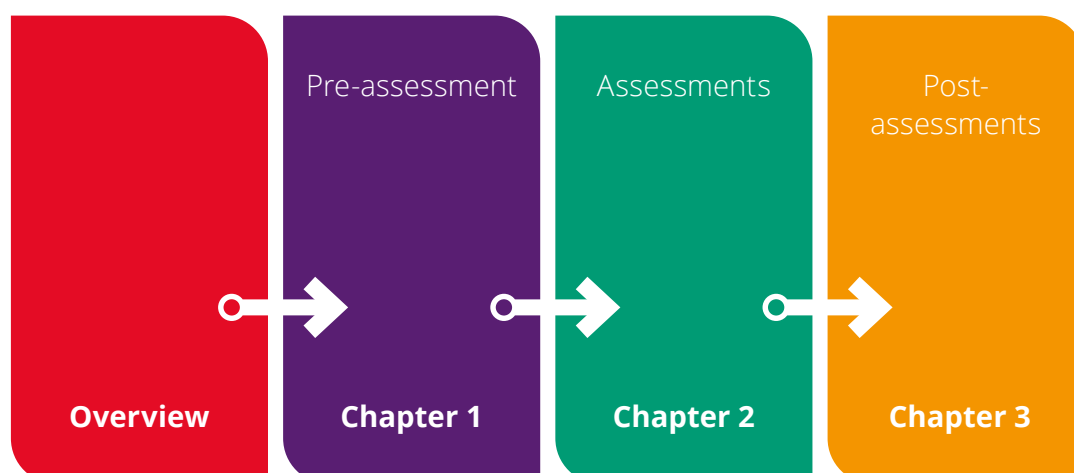
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LEARNING GUIDE FOR THIS MODULE



OVERVIEW



Overview

Community assessments are the foundation of effective, community driven programming. They help identify risks, needs and strengths, building trust and resilience while ensuring interventions are relevant, ethical, sustainable and grounded in communities. An assessment team in consultation with the community will discuss the health and safety priorities within the community, decide on the objectives of the assessment, identify the assessment methods and tools to be used, conduct and analyse results of the assessment. Finally, together with the community, the team will prepare an action plan on how the needs identified in the assessment can be addressed.

This module will steer you through the above-mentioned steps across three comprehensive chapters and provide you with the information needed to guide volunteers and the community through an assessment.

1. Pre-assessment
2. Assessments
3. Post-assessments



Here are five key take-aways from assessment to prime you before we start. Keep these in your mind as we progress through the chapters.

1. Community assessment is essential

- It is the foundation for understanding the community and its needs.
- It is not a one-way process; assessments should involve and benefit communities, build trust and resilience and ensure findings are shared back.

2. Ethics and understanding context guide everything from the start

- This begins with respect for communities (consent, do no harm, inclusion).
- You need to understand your context fully, who is most vulnerable, what risks and needs exist, what resources and strengths are present, and how power imbalances shape participation.

3. The right methods should be selected to suit your assessment purpose

- Assessment methods must be realistic and matched to the resources, context, objectives, timings and expertise available.
- Be aware assessments have their limitations; some assessment methods will not be able to capture certain things in communities for a variety of reasons, from the nature of the assessment to social norms and taboos regarding topics.

4. Information should be turned into clear priorities and action

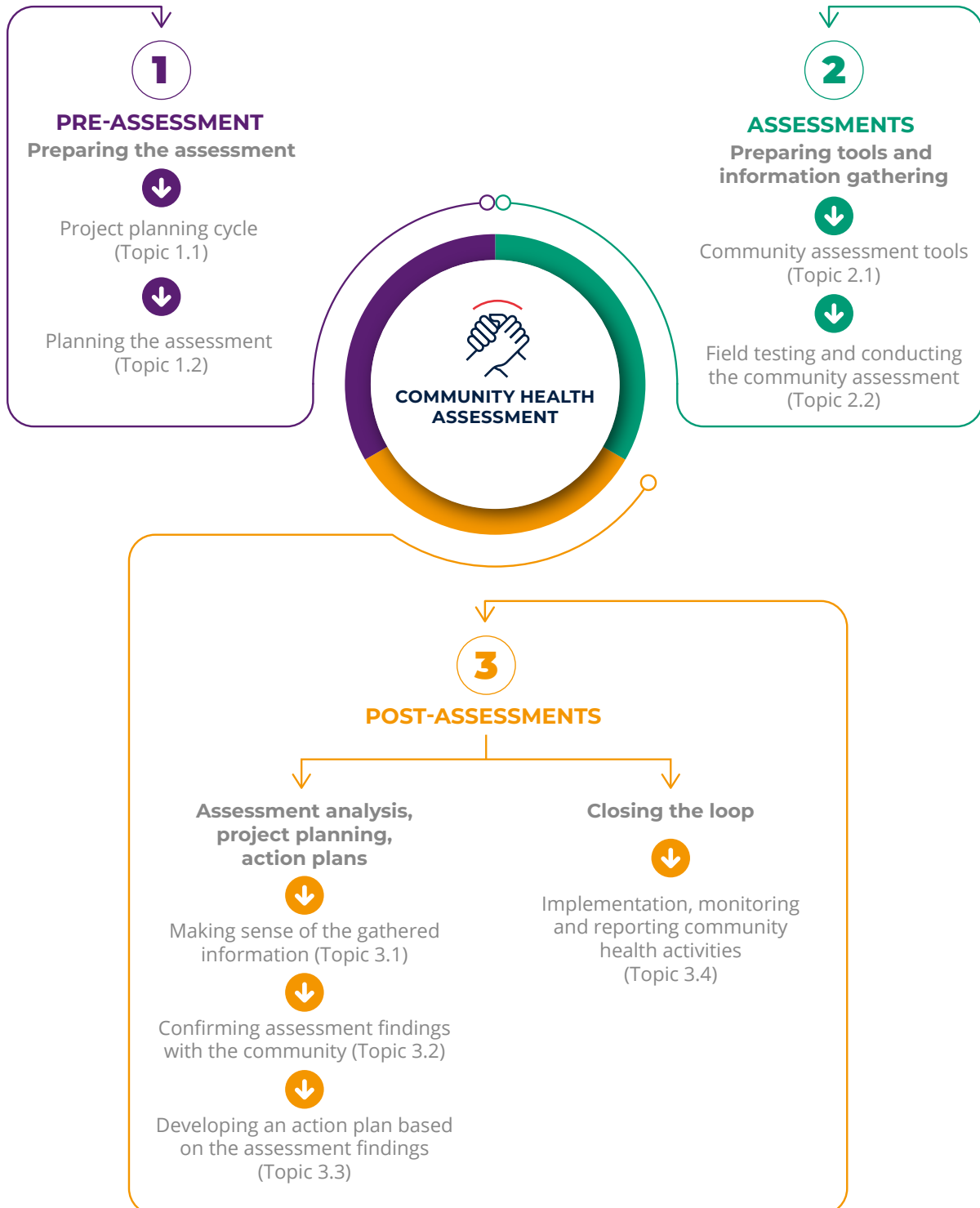
- Analysing the information you gather is essential to identify the most important needs of the community, barriers to these needs and resources that can support health improvements.

5. Assessment is continuous, not one-off

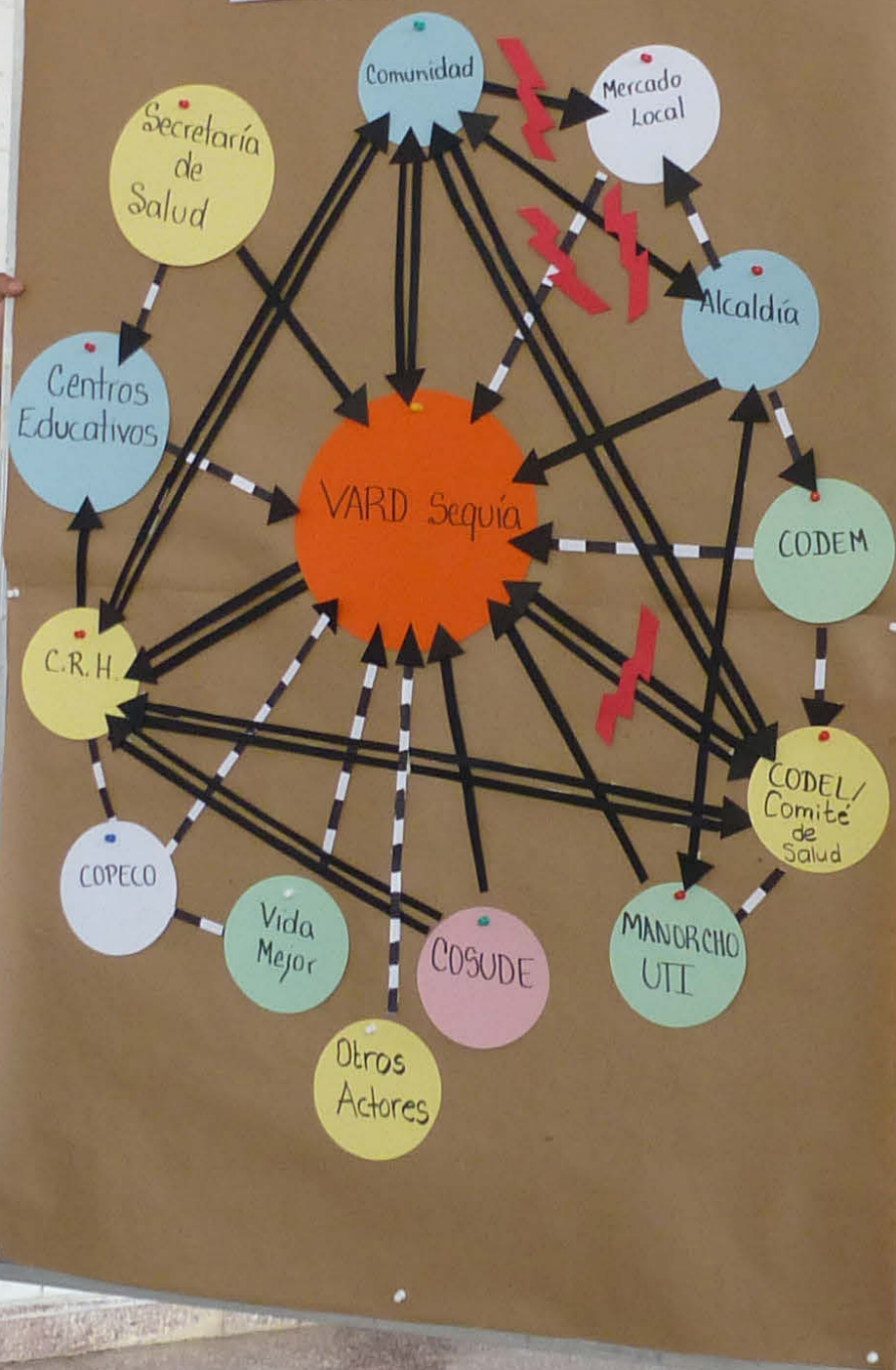
- Assessments are part of a continuous learning, understanding and adaptation cycle to effectively engage and work with communities.

Overview

COMMUNITY HEALTH ASSESSMENT MAP



RELACIÓN DE SINERGIAS



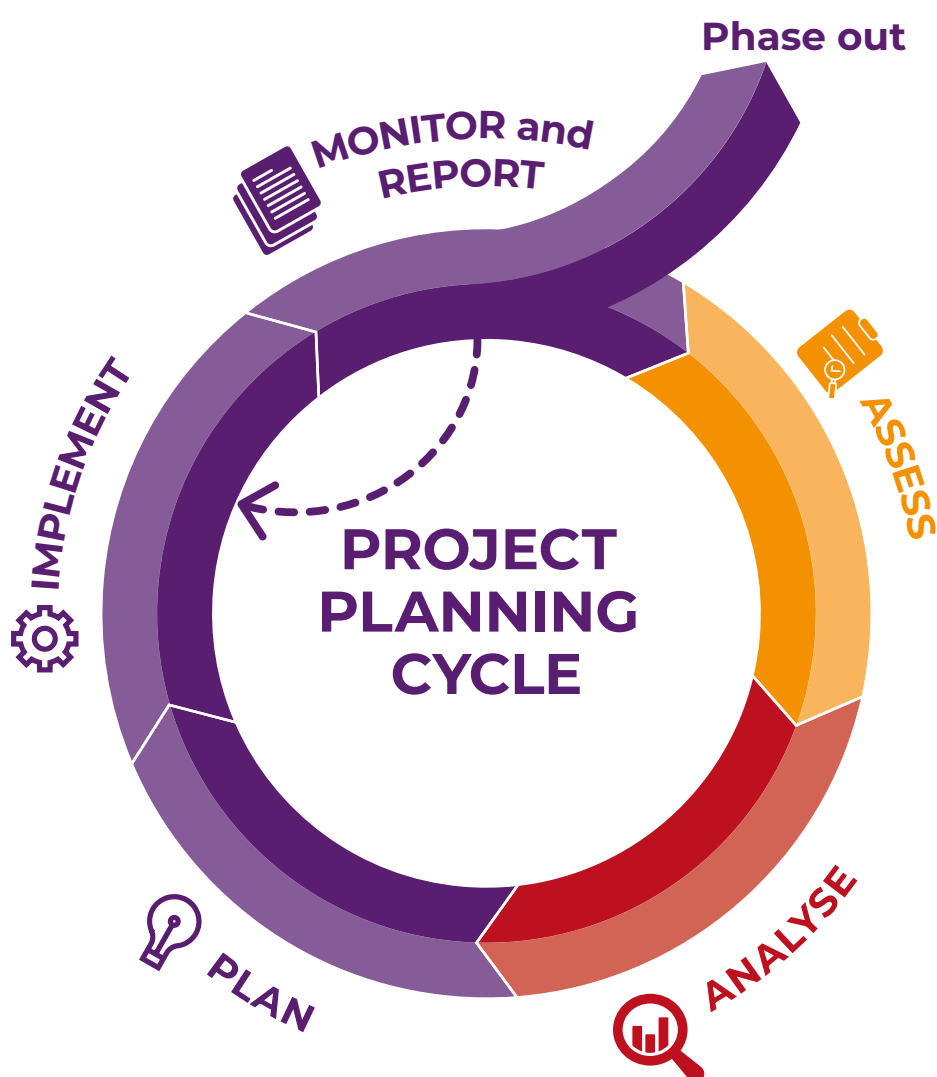
CHAPTER 1



Pre-assessment

TOPIC 1.1: PROJECT PLANNING CYCLE

Every project should follow a project planning cycle. The cycle is made up of different stages. This manual will focus only on assessment, analysis and planning. For guidance on the whole project planning cycle please refer to the [IFRC Monitoring and Evaluation Guide](#).



Only through assessing the community will Red Cross and Red Crescent staff and volunteers know which health topics and activities are needed. The community assessment allows the National Red Cross Red Crescent Society or local branch to plan activities that address the community's priorities, to implement the activities and then to determine if the activities are helping the community improve their health.

Pre-assessment

TOPIC 1.2: PLANNING THE ASSESSMENT

It is very important to plan the assessment in advance. It will clarify what needs to be done during the assessment from beginning to end. The planning process ensures good organization, a schedule of tasks and all necessary details. It is important that the assessment team obtains permission from community leaders or government officials to conduct the assessment.





A proper plan will identify





- **What** needs to be found out about health, first aid and safety needs of the community? This includes treatment and prevention of diseases, sanitation, hygiene, nutrition, response to emergency health needs and accidents, safety issues in the home and immediate environment.
- **What** needs to be done to set up the assessment? Do you need permission from community leaders or government officials? How will target participants be notified? Which materials do you need to bring to conduct the assessment exercises?
- **What** existing information can you find out about the community before conducting the assessment? Is there existing information from government reports, health centres, hospitals or clinics?
- **What** budget and logistics will be needed for the assessment? List all the expected expenses for the assessment and check whether the expenses can be covered. If not, where could you find additional financial resources? What other logistics such as transport or accommodation will be needed?
- **Who** will conduct the assessment? What are the roles of Red Cross Red Crescent staff and/or volunteers? How can community members support the assessment? What is their role?
- **Who** from the community should participate in the assessment? Who are the leaders of the community (political, religious, social, age, education)? Which are the vulnerable or minority groups that need to be represented?
- **When** is it convenient to visit and/or gather community members and how much time is available to collect the information?
- **Where** will Red Cross Red Crescent staff and/or volunteers go in the community (depending on how much time is available)? To be as effective as possible, groups of staff/volunteers can communicate with different people in the community. It is best for staff/volunteers to divide into groups of two to four to meet with community leaders, teachers, health workers, mothers, children and others.

Pre-assessment

Steps before conducting the assessment

	Topic	Question to ask
Objective 	<p>The objectives for the community assessment must be defined to answer WHY you want to conduct an assessment. It is important to limit the scope to health, safety and first aid priorities.</p>	<p>What is the purpose of conducting a community assessment?</p> <p>What are some common objectives of community health programmes?</p>
Team 	<p>The quality of an assessment depends very much on the skills of the assessment team. The assessment team should be made up of branch staff and volunteers who have good communication skills and are comfortable working with all sectors of the community.</p>	<p>Which team members would be good at conducting the assessment?</p> <p>Is there any additional training they need to conduct the assessment?</p>
Budget and logistics 	<p>Every assessment needs a proper budget and planning for logistics. Hence, it is essential to know what expenses will be incurred to carry out the assessment and what logistics such as transport or accommodation will be needed.</p>	<p>How much will the assessment cost? What is my budget for the assessment? Will that cover the expenses? If not, are there other financial sources that can be used?</p> <p>What are the logistical needs? Transport for the assessment team to reach the community? Will they need accommodation? Other?</p>
Secondary data 	<p>Secondary research is about finding what health information or data already exist about the community. This might mean information about the number of people with certain diseases in the community, how many people received a bed net to protect themselves from mosquitoes, or how many families with children live in a community. By understanding what kinds of information you might need to identify health issues, you are planning for success.</p>	<p>What are sources for secondary data? List them all</p> <p>Potential sources can be: WHO, UNICEF, government data</p> <p>Where are other assessments already conducted in the community? For example, an (Enhanced Vulnerability and Capacity Assessment (EVCA)? From where could you get the results?</p>

Pre-assessment

	Topic	Question to ask
<p>Community</p> 	<p>Identify community members who know about health, first aid and safety issues in the community and potential vulnerable people. These people should be involved in the assessments if possible. It is important to include community members who will provide helpful information about the assessment objectives.</p>	<p>Who should be included in your assessment?</p> <p>Some examples of individuals or groups could be:</p> <ul style="list-style-type: none"> ✎ Mothers, grandmothers and other female adults ✎ Fathers, grandfathers and other adult males ✎ People with disabilities ✎ Internally displaced people (IDPs)/ migrants ✎ Young men and women ✎ Children ✎ Religious leaders ✎ Health workers ✎ Local non-governmental or community-based organizations ✎ Teachers ✎ Leaders of women’s groups ✎ Youth groups/youth organizers ✎ Community members from poor sections of the community ✎ Local health ministry officers ✎ Local law enforcement officials ✎ Representatives from the private sector ✎ Informal leaders (such as sportsmen and women, DJs, social influencers)
<p>Size</p> 	<p>Decide on the number of individuals or groups to be interviewed in each assessment method. By understanding who specifically you can include, you can plan a timetable of when your team is able to conduct each session. By appearing organized, people are more likely to agree to be interviewed because they see that you are valuing their time.</p>	<p>How many individual interviews are needed to gather all necessary information?</p> <p>In your context, can focus group discussions be conducted to collect reliable information?</p>

Pre-assessment

	Topic	Question to ask
<p>Tools</p> 	<p>Use the objectives of the assessment and the people identified for inclusion to decide which assessment tools are most suited and relevant. Each tool has a purpose and will give you specific kinds of information.</p> <p>Test your tools and revise where necessary.</p> <p>A thorough training on how to use the assessment tools is important so that the assessment team all use the tools in the same way.</p>	<p>What kind of information would you expect to get from tools like interviews, observations, etc., that could be useful in an assessment?</p> <p>How can tools be tested?</p> <p>How and when can people be trained in the use of the tools?</p>
<p>Information</p> 	<p>Sensitize the community about the assessment and explain the timetable of assessment activities.</p> <p>Your assessment plan should tell you how much time it will take to gather the information you need from a community. If you see that it will take too long, revisit your plan to make sure it is appropriate for your timetable. Share this information with the community and important leaders or stakeholders. By communicating clearly about the assessment process to all people in the community and when they can expect different activities to take place, your team will receive more cooperation and can build trust in the community.</p>	<p>Which community groups and leaders should you inform about the assessment?</p> <p>How will you inform them?</p> <p>How will you keep people informed about the process?</p>
<p>Assessment</p> 	<p>Finally, it is time to do the assessment</p>	<p>Communication is vitally important to building and keeping trust with a community. How can you keep people continuously informed about the plan and process?</p> <p>Who is the best person to keep people informed?</p> <p>How can Red Cross and Red Crescent keep their staff and/or volunteers who lead the work in the community motivated and engaged throughout the assessment?</p>

Pre-assessment

Links to important additional materials on pre-assessment

Additional resources to refer to in order to enhance your pre-assessment knowledge:

► RCCE MODULE 2.1: Understanding context



What it's about: Explains how vulnerability, social differences, cultural norms, political economy, historical factors and community strengths shape risk and resilience.



Resources: [RCCE Module 2.1](#) offers tools for preliminary context analyses (essential pages 3-6)

► RCCE MODULE 3.1: Ethical principles and approvals



What it's about: Outlines respect for persons (autonomy and informed consent), benefiting the community (do no harm and maximize benefits), and justice, with guidance on securing community approvals.



Resources: [RCCE Module 3.1](#) provides ethical frameworks and approval processes (essential pages 3,4,8)

► RCCE MODULE 2.3: Rapid context analysis



What it's about: Provides rapid remote/onsite context analysis, anthropological assessments and ethnographic methods, plus tools to identify vulnerable groups and participation barriers.



Resources:

- [RCCE Module 2.3](#) for tools on context/vulnerability analysis (essential pages 3-7)
- [Rapid remote context analysis tool \(RR-CAT\) in epidemics - Social Science in Humanitarian Action Platform](#) (essential pages 2,3,4)
- [Rapid anthropological assessments](#) (essential pages 2,3,4)
- [Rapid assessment of vulnerable populations](#) (essential pages 1-9)
- [Power analysis/power mapping](#) (see module 2.3 pages 6-7)

Pre-assessment



CHAPTER 2



Assessments

The choice of assessment methods should be guided by the information gaps identified in the secondary sources or previous assessments conducted (that you have reviewed), the time and resources available, the context of the community and the experience of the assessment team. Consider how familiar and comfortable the community is with assessments and discussing health issues. Different tools serve different purposes so select only those that will provide the information you actually need and can act on.

Once you have chosen the assessment tools and before you conduct the assessment methods, the team should practise using the tools. This process, often called field testing, helps confirm that questions are clear, roles are understood, logistics are feasible and the tools will generate useful information.

For more guidance on working with communities and communication skills, which would enhance each assessment method listed below, teams are strongly encouraged to consult the dedicated *Community mobilization and effective communication* module.

Six key assessment methods are described in depth below. Each community and assessment process is unique, so it is up to the team and community members to decide which assessment method(s) they need to employ in order to get the information needed. There will be links to find additional assessment methods if you want to explore beyond these six.

Assessments

TOPIC 2.1: COMMUNITY ASSESSMENT TOOLS

Community mapping



Community mapping is a participatory process where community members identify the people, resources, services and challenges within their community to better understand community needs and strengths.

Transect walk



A **transect walk** is a systematic walk through a community together with community members to observe physical, social and environmental conditions. It provides first-hand insight into local resources and problems, validates information and informs planning decisions.

Seasonal calendar



A **seasonal calendar** is a tool that charts activities, events, resources and challenges as they change throughout the year in a community. It is conducted to understand seasonal patterns, identify periods of risk or opportunity, and support better planning and decision-making.

Focus group discussion



A **focus group discussion** is a guided conversation with a small group of people to explore their views, experiences and perceptions of a specific topic. It is conducted to gather in-depth qualitative insights, identify common themes and guide community work.

Individual interviews



A **household interview** is a one-on-one data collection method where an interviewer asks structured or semi-structured questions to members of a household. It is conducted to gather detailed, household-level information on living conditions, needs and behaviours.

Doer/non-doer analysis



A **doer and non-doer analysis** compares people who practise a behaviour (doers) with those who do not (non-doers) to identify factors influencing that behaviour. It is conducted to understand barriers and motivators of specific behaviour so that interventions can be effective in promoting healthy behaviour change.

Assessments

Community mapping



Community mapping helps to visualize resources, services, vulnerabilities and risks in a specific community, often a rural or semi-rural community. Features may include roads and bridges, health clinics, schools, water sources, markets and shelters, as well as other important community features. The community map is appropriate for identifying risks such as flood areas, health hazards, vulnerable locations and vulnerable groups.

Community maps encourage awareness and discussion of important issues relating to health in the community. While there are mapping technologies and internet software that provide highly useful community mapping tools, hand-drawn community maps work well, and offer something different and complementary involving more of the community in their creation.

It is usually easiest to first draw the map on the ground or a whiteboard. Once participants agree, redraw the clearly illustrated map on large paper for community viewing. It is fundamental to the success of the map to involve diverse community members in the forming of the map, as they are the ones that know the community risks and resources above all. Involving all community groups in this process is as much about building trust and making people feel heard as it is about accurately mapping the community.

In urban areas, maps are more time-intensive to coordinate and draw as more people and objects of interest are in a smaller space. Urban communities often include apartment blocks where people from different backgrounds live close together, with shared but also different resources and risks. Urban mapping may require some creative solutions to illustrate vertical space on a 2D map, for example mapping each floor of a building on their own map.

What will you need?

- Large sheets of paper/ flipchart/whiteboard
- Markers/pens/pencils

Who should participate?

- Two to three facilitators (branch staff/volunteers)
- Eight to fifteen community members

Time needed

- Two to three hours

Assessments

How to collect the information

A community map should be as holistic/comprehensive as possible. The best maps for community health work combine the following characteristics:

In rural areas: The map shows an overview of main geographical features such as dwellings, fields, roads, rivers, land use, buildings and resources accessible to the community.

In urban areas: The map usually covers a smaller geographical area, often limited to buildings where people live and nearby landmarks such as schools, parks, access paths, clinics, shops, etc. The map should also outline building levels to show common areas (hallways, yards, lobbies, fire exits) and individual homes.

The facilitator should lead the process and together with the help of community members, draw the following features:

- **Local resources** – resources used by the public, service providers, community facilities, and relevant digital or social media resources used. For example:
 - Community centres, and formal and informal meeting places (lobbies, courtyards, churches, schools)
 - Locations of community groups, organizations, leaders
 - Clinics, health facilities, hospitals
 - Functioning public water sources
 - Locations of trained people (midwives, Red Cross Red Crescent volunteers, community health workers)
 - Buildings that can serve as safe areas during disasters
- **Vulnerable people** – the map should indicate where potentially vulnerable people live, work and gather (people with disabilities, older people living alone, widows with small children, children without parents). In urban settings, volunteers may need household visits to ensure all vulnerable groups are identified.
- **Risks and resources** – areas with current hazards, potential hazards/risks or expected threats should be clearly marked.

Assessments

Reviewing the notes and analysing the maps

Once finalized, the assessment team analyses the map to identify the most vulnerable sectors and the most pressing health issues. The key question is: What is the information collected on the maps telling us?

Example findings:



Vulnerabilities

- Sections of the road have poor drainage, resulting in stagnant water
- Lack of waste disposal is causing rodent and pest infestation
- Open defecation occurs in a large field adjacent to the village



Capacities

- Health centre is located close to most of the population
- A new sanitation management team is addressing waste collection and plans to expand
- The market area is cleaned after market days

The final version of the map should be posted in a highly visible area for the community to use, as well as provide additional feedback and updates on it. It is recommended to redraw the map approximately every six months to identify new resources and risks and track how the community is improving or worsening them.

Assessments

Transect walk



A transect walk is a walk through the community to observe people, surroundings and community resources. During the walk, it is important to note different areas and the landscape.

Similar to community mapping, a transect walk helps identify issues and strengths/resources that exist in a community. It provides a useful overview and can highlight areas requiring further study through other assessment activities such as focus group discussions or household interviews. It can also help confirm whether information gathered by other methods is accurate – i.e. by seeing them on your assessment walk.

How to collect the information

It is recommended to conduct community mapping and transect walks together, as the tools are closely inter-related and complementary.

Identify the route

The transect route(s) should be drawn on an existing community map so the walk “transects” all zones and provides a representative view. Pay particular attention to high risk areas identified during community mapping and ensure the route passes through one or more of them while covering the wider community.

Teams may conduct two transect walks covering different areas (for example, north to south, or from highest to lower point). These may be done by the same or separate teams.

For safety, notify the authorities when planning the walk and if possible and appropriate, include a representative with you on the walk.

In dense urban settings (e.g. apartment buildings or camps), the transect walk may cover a smaller area but take similar time. Use the same method, moving from floor to floor, or within the camp boundaries. Also review the area approximately 30 metres beyond the community boundary to understand surrounding influences.

What will you need?

- ↘ Small version of a map of the community, showing a transect line to follow
- ↘ Clipboards, paper, pens

Who should participate?

- ↘ Two to three facilitators (branch staff/volunteers)
- ↘ Two to three diverse community members to accompany the assessment team
- ↘ A member of the authorities (if possible and appropriate)

Time needed

- ↘ Three to four hours, depending on the size of the community

Assessments

What to identify and observe

Information gathered during transect walks may include:

- Drinking water and cleaning water sources
- Waste/trash disposal areas and systems
- Sewerage/waste water
- Public latrines or open defecation places
- Distance people must travel to clinics/health facilities
- Types and quality of housing
- Conditions that increase vulnerability (for example: soil erosion, large puddles, open wells, pollutants, absence of green areas, etc.)
- Kitchen gardens: sizes, types of crops
- Markets and types of food available
- Small stores/shopping areas and type of food available
- Livestock types and areas where they are present
- Quality of roads, paths, drainage
- Social environments/areas where people gather
- Transport – local and long-distance
- Leisure areas where people gather and types of activities
- Other information that came up during secondary resource reviewing or other assessments conducted that the team would like to explore more deeply
- Consider inclusion, vulnerability and climate factors throughout observations (disability, older age, other vulnerable populations, etc.) (heat, air, pollution, river/lake/sea water)

Conduct the transect walk

Include community members who can provide background information, while remaining aware they may influence the route or community responses.

As the team walks:

- Observe carefully and record what is seen
- Stop frequently to review selected features
- Take clear, comprehensive notes (as structured as you are able as this will help you in the analysis)

In a rural setting, it is also very important to take time for brief, informal talks with community members whom you pass during your walk.

Assessments

In an urban or densely populated setting, stop and introduce yourself and the Red Cross Red Crescent. Show them the logo and how you are working to better understand the issues that affect health in their community. Request permission to ask them questions to help their community live a healthier life and explain what you will do with the information.

You should speak with a broad range of people: young and old, men and women, labourers, professionals, shopkeepers, mothers with small children, etc. Explain what the team is doing during the transect walk and why. Share some of your observations and encourage people to express their own views on these observations and/or other health issues that are important to them. In the course of your discussions, try to include some of the questions in the transect walk information worksheet, i.e.

- What are the important, priority health, first aid or safety issues that affect their lives?
- What do they feel the causes of these priority issues are?
- How do the priority issues affect their lives and the lives of others in their community?
- How do they deal with or cope with these priority issues?
- What are some ideas they have to deal with these priority issues?

Facilitators might want to have a copy of these five questions with them. Be sure to take detailed notes of the highlights of these discussions.

Reviewing the notes and analysing the information gathered

Immediately after the transect walk, assessment teams should review their notes, as well as team members' recollections of key discussion points that they had with community members during the walk. They should confirm that they wrote down the important points.

This is a very important exercise and must be carried out immediately after the transect walk; details can easily be forgotten if notes are reviewed much later.

Assessments

Seasonal calendar



A seasonal calendar is a community assessment tool that helps explore seasonal changes taking place in a community over a one-year period. It can be used to show events such as hurricanes, floods or drought; periods when more diseases strike the community; periods of food shortages; and activities such as festivals, holidays and harvest. It can be constructed from the perspectives of men, women or children in the community.

A seasonal calendar can be used to identify periods of sickness, disease, hunger or vulnerability. Through discussion with community representatives during the seasonal calendar exercise, it identifies what people do during these periods, the way they cope with difficulties and when they have time for community activities. The calendar can act as a planning tool as it can help determine the best time to start a disease prevention campaign (for example, to begin a malaria prevention campaign prior to the high transmission season).

A seasonal calendar can:

- Record variations in availability of resources (such as food and water) throughout the year
- Examine the local relationship between weather, disease outbreaks and natural disasters
- Identify community members' workloads at different times of the year

How to develop the calendar

Prepare a chart similar to the example shown in [Annex 1](#). Write time intervals across the top (months of the year or seasons such as dry and wet periods). Along the side, write four general categories: (1) seasonality, (2) food availability, (3) health/disease, and (4) other hazards.

Under each category, decide which key events will be recorded. These "events" are aspects of people's lives that occur on a seasonal basis. It is especially important to encourage the group to discuss events under health/disease, as these vary across communities. Explain that extra events can be added during the discussion, including cultural events that may affect health and safety (for example, periods of high travel that may increase communicable disease transmission).

What will you need?

- ↳ Flipchart or large sheets of paper
- ↳ Small sticky notes
- ↳ Markers
- ↳ Tape

Who should participate?

- ↳ Two to three facilitators (branch staff/volunteers)
- ↳ Between five and eight community members (including experienced clinic/health practitioners)

Time needed

- ↳ Two hours

Assessments

After the event list is established, indicate the months or seasons when each event occurs. Facilitators should discuss each event in turn and ask the group to place an “X” under the relevant months or seasons.

Lead the discussion

Once the group has covered all relevant events, the facilitator/s should guide participants to examine patterns that can be seen in the calendar and identify the low-risk and high-risk times of the year.

The facilitator/s should also lead the group in a discussion to identify the key trends in the calendar with questions such as:

- **Risk:** What are the times of lower risk to people’s health and lives during the year? Higher risk?
- **Possible actions:** Which actions should be considered in the months of low and high risk?
- **Change in frequency:** Has there been a change in the timing of events in the past few years? How?
- **Impact of changes:** What effects did these changes have on your household and/or community?
- **Other questions:** The facilitator should note other important events and discuss with the group. Ask if there are any other events that they feel should be added.

It is important to take notes on the discussion.

Review the notes and analyse the seasonal calendar chart

Immediately after the seasonal calendar meeting, the assessment team should thoroughly review their notes, as well as team members’ recollections of key discussion points. They should confirm that they wrote down the important points. Other members of the team should help fill in any other essential points that may have been missed.

This is a very important exercise and must be carried out immediately after the seasonal calendar meeting: details can easily be forgotten if the notes are reviewed much later. Write down all key impressions of what was learned during the seasonal calendar exercise.

Assessments

Focus group discussions



A focus group discussion (FGD) gathers information from a group of selected individuals who share one or more characteristics (young mothers, students, farmers, etc.). The shared characteristics mean they likely are well-informed or well-positioned to contribute to a comprehensive discussion on the specific health, first aid or safety issues in their community.

An FGD is guided by a moderator, supported by a note-taker and uses pre-developed open questions to guide discussion. While community health topics should be focused on health, first aid and safety, other important or related community issues may also of course be explored.

Information gathered through FGDs helps improve understanding of community needs and capacities, as well as the social values and knowledge within the community. These discussions will help you to understand the information needs, priorities and preferences of the community. FGDs also provide an opportunity to build or strengthen relationships with important stakeholders in the community.

Role of the moderator

The moderator keeps the discussion flowing and on track, guides conversation away from irrelevant topics, manages transitions between questions and remains sensitive to the group dynamics and willingness to discuss topics. Moderators should also have at least some background knowledge of the topics being discussed.

Before the FGD, determine which information to collect

1. Analyse existing information (secondary information)
Review findings from secondary data/existing data sources and previous assessments to identify critical information gaps or needs.
2. Determine information priorities and gaps
The team should clearly define what information the FGD should collect. Key questions include:
 - ↘ Which previously identified health areas need further exploration?
 - ↘ Was enough information gathered on priority health categories (e.g. child health, malaria, sanitation)?
 - ↘ Which concerns require deeper or more comprehensive understanding?

What will you need?

- ↘ Questions prepared
- ↘ Clipboards
- ↘ Pens
- ↘ Paper for notes
- ↘ A suitable venue (private, free from distraction, accessible, and ideally familiar to the community members)

Who should participate?

- ↘ One moderator (branch staff/volunteer)
- ↘ One observer/note-taker (volunteer/branch staff)
- ↘ Seven to ten focus group participants

Time needed

- ↘ 30 to 60 minutes

Assessments

Define the focus group

Based on responses to the above questions, decide which individuals would be able to provide a helpful discussion. It is important to conduct focus group discussions with a range of people (seven to ten) who are knowledgeable about community health topics. The participants usually have at least one characteristic in common, for example age, sex, employment status, etc., but with enough variation to allow for contrasting ideas.

You should plan to conduct several focus group discussions, each one aiming at a different subset of the larger community to better understand each key group in the community, going into depth on their specific perceptions and concerns. Grouping similar community members together also allows them to be more comfortable in the group setting and encourages more open and collaborative sharing.

Decide on questions for the FGD guide

Use open-ended questions rather than yes/no questions. Possible questions:

- Where do health risks, safety issues or first aid needs exist in the community? (possible prompts, rubbish dumps, lakes, dangerous roads, etc.)
- What are the main dangers and disaster risks in the community?
- When are disasters most likely to occur and how prepared is the community?
- What are the common emergencies and priority health problems among the more vulnerable populations?
- What disease outbreak/epidemics have occurred in recent years here?
- What factors do community members believe are causing health problems?
- How aware is the community of volunteer, branch and National Society activities? How do community members think the local branch can best work with them?

Assessments

Facilitation tips

The moderator should be able to manage relationships and dynamics, ensuring that the discussion remains relevant and engaged. The moderator should be well-prepared to think quickly and move on to further questions when appropriate. Gauging dynamics and personalities (who is talkative or shy) is also very important from the start, in order to employ a strategy that ensures the discussion is not dominated by just a few voices.

A recommended flow is: welcome participants, explain the topic, agree on ground rules (for example one person speaks at a time, respect and listen to all views shared, phones off) then proceed with the first question (start off with something easy and engaging like an icebreaker to get the group talking and warmed up).

Use the pause and probe technique; pausing about five seconds after someone speaks to allow others to contribute and use probes such as “could you explain further?” or “can you give an example?”.

Reviewing notes after each FGD

Immediately after each discussion, the assessment team should thoroughly review the note-taker’s records together with the moderator’s recollections to confirm that all key points were captured and to fill any gaps.

This step is vital, and must be carried out immediately after each FGD, as important details can easily be forgotten if the review is delayed or another FGD is held.

Assessments

Individual interviews



Individual interviews provide an opportunity for Red Cross Red Crescent staff and volunteers to learn about community members' home conditions and the difficulties they face, and to talk more openly about sensitive topics. Individual interviews allow:

- Examination of behaviours, attitudes, understanding and knowledge of the health information
- Provision of detailed insights from individuals and family members
- Discussions on sensitive issues
- Strengthening relationships with individuals and families
- Identification of vulnerable groups, families or individuals requiring support

How to determine which information to collect during the individual interview

1. Review existing information

Use information gathered from secondary data, or previous assessments and reflect on the information the team already has on the community. Decide where the critical information gaps are. Unlike the focus group discussion, which centres on community health issues, this interview should focus on the important health issues for the individual and their family.
2. Decide on priorities and gaps

Following the review of existing information and prior to commencing the interview, the team should form answers to the following questions. This will help guide the interviews.

 - From an individual perspective, what previously identified health areas need to be explored further?
 - Was enough information on priority health categories (e.g. conditions of latrines, potable water, illnesses, availability and use of mosquito nets, food availability, etc.) gathered through the other assessment methods?
 - Do some categories or concerns identified through other assessment tools require further exploration?

What will you need?

- Interview guideline questions
- Clipboard, paper, pens
- A venue (private, free from distractions, oftentimes the individual's home)

Who should participate?

- One interviewer (branch staff/volunteer)
- One interviewee

Time needed

- 30 to 50 minutes

Assessments

Define the number of individuals to interview

Based on the questions above, decide how many households to interview. Individual interviews are meant to fill in information missed by other assessment methods. When planning keep in mind three considerations:

1. Staff and community resources – how many people are available to conduct interviews, as well as community members open to being interviewed and how much time do they have? Be realistic to ensure the team can carry out high quality interviews without being overwhelmed.
2. Information gaps – focus on households and individuals who can provide information not captured by other assessment tools. These interviews are intended to fill gaps and explore important issues in more depth.
3. Community diversity – make sure the households interviewed represent the range of people in the community, including differences in age, gender, household type and other relevant characteristics. This helps ensure a more complete understanding of community health needs.

Practical guide – one interviewer can typically complete four to six household interviews per day, depending on the length of questions. Adjust the total number of interviews based on available resources, information gaps and the diversity of the community. Focus on quality over quantity; fewer, well-conducted interviews are more valuable than many that provided limited and likely repetitive insights.

Sampling

Sampling is important because it allows you to collect reliable, representative data without needing to survey an entire population - which is often too costly, time-consuming or impractical. Good sampling helps ensure your findings reflect the wider community, reduces bias and supports better decision-making.

- **Random sampling:** Everyone has an equal chance of selection, making results more representative and less biased. It requires a complete list of the population and can be difficult to implement in widely dispersed communities.
- **Stratified sampling:** Divides the population into subgroups with shared characteristics (e.g. gender, age) and samples within each group. This ensures important groups are represented in the data.
- **Systematic sampling:** Selects every Nth person from a list (e.g. every 10th name). It is simple to apply and ensures even coverage across the population.
- **Convenience sampling:** Includes those who are easiest to reach. It is quick and practical but may not be representative, which can limit the reliability of findings.

Assessments

Decide on interview questions

Start by obtaining the oral or written consent of the individual to participate in the interview. It is very important to assure the respondent that all information given during an interview will remain confidential and to ensure that it is. Also, the interviewee needs to be informed that he or she can withdraw from the interview at any time. If interview questions are very personal and sensitive, ensure that you can provide necessary support or be able to refer the person for support.

You can start with specific questions to get an idea of the respondent's situation. As the interview continues, the questions should become more open-ended: that is, they should encourage the respondent to describe/explain their answers. Avoid close-ended questions, which only require a yes/no answer.

Conduct the interview

- Follow the interview guide while allowing flexibility for the participant to share additional information
- Be sensitive to the participant's comfort and privacy
- Ensure that all relevant responses are accurately noted down

Review notes after the interview

Immediately after each interview, review the notes and recollection of key discussion points. Confirm that all important information has been captured and fill in any missing details from your recall. This exercise should be done promptly, as details are easily forgotten if notes are reviewed later, or another interview is conducted.

Assessments

Doer and non-doer analysis



As health promoters, Red Cross Red Crescent volunteers build health literacy to help communities identify their health priorities and work together on solutions to improve health in the community. To even better identify why people continue to engage in unhealthy behaviours or refuse to take part in healthy behaviours, we can identify who in the community already practises the healthy behaviours and who does not and examine why this is so.

A doer/non-doer analysis consists of a series of questions we can ask communities and community members about the reasons behind why they continue to practise unhealthy behaviours. There are many possible reasons and when we uncover one or more of these reasons, we get a better idea of what Red Cross Red Crescent volunteers need to do to help communities actually start practising healthy behaviours.

One of the key advantages of the doer/non-doer behaviour analysis is that it can be conducted using the focus group discussion approach and/or the individual interview tool. These methods allow access to community members and provide a private place and trusted purpose for asking questions about causes of behaviour, allowing more useful information to be gathered.

For more information on the doer and non-doer analysis refer to the *Red Cross Red Crescent Behaviour change module*. The analysis can be downloaded [here](#).



Assessments

TOPIC 2.1: COMMUNITY ASSESSMENT TOOLS

Before starting a community assessment, the team should practise using the tools through a “field test” to ensure the plan works in practice. This is usually done in a familiar, willing community—not the target one—and it is important to clearly explain the purpose to avoid raising expectations.

If community field testing is not possible, alternatives include practising with colleagues, family members, simulations or small groups from the target community. This step should not be skipped, as poor preparation can lead to weak data, missed priorities, wasted time and resources, and potential loss of community trust.

Findings from the field test should be used to refine the tools, logistics and overall approach. Team members can also identify the roles with which they are most comfortable (e.g. interviewer or note-taker), and adjustments can be made accordingly, ensuring everyone understands the updated plan.

With tools finalized, roles clarified and a schedule prepared—after confirming participation with selected communities—the team is ready to carry out the assessment.

Assessments

Links to important additional materials on assessment

► EVCA ASSESSMENT TOOLBOX – PrepareCenter



What it's about: Provides a collection of commonly used assessment methods in humanitarian and community contexts - and supplies guidance and tools for using and analysing them.



Why it's critical: Helps teams quickly choose and understand how to apply the appropriate assessment approach and work towards community resilience.



Resources: [Prepare Center Assessment Toolbox](#)

► CEA TOOLKIT: TOOL 14 – Q&A sheet for volunteers



What it's about: Offers straightforward responses and frameworks to answer community questions about the assessment process.



Why it's critical: Clarifies community concerns, fostering confidence and openness for effective data collection.



Resources: [CEA Toolkit, Tool 14](#) for community communication

► CEA TOOLKIT: TOOL 17 – Community meetings tool



What it's about: Provides guidance for planning and facilitating inclusive community meetings to discuss assessments and gather input, as well as verify results with community members.



Why it's critical: Encourages community participation and feedback, ensuring assessments reflect diverse perspectives.



Resources: [CEA Toolkit, Tool 17](#) for meeting facilitation guides

► See Community Health Module, *Community mobilization and effective communication* for comprehensive guidance on engaging with communities.

CHAPTER 3



Post-assessment

TOPIC 3.1: MAKING SENSE OF THE GATHERED INFORMATION

All the information gathered must now be pulled together so we can understand and draw conclusions. The amount of time required to put together the information to achieve a result will depend on the notes that were taken during the information-gathering exercises. Teams should have thoroughly reviewed their notes soon after each of their interviews, transect walks, etc., to confirm that the note-taker wrote down the important points. Other members of the team should help fill in any important points that the note-taker may have missed.

Step by step how to analyse your information

> Step 1: Get to know your information

Good analysis depends on understanding the information you have. Re-read the worksheets and notes that were taken during the secondary information and other assessment tools used such as community mapping, transect walk, seasonal calendar exercise, focus group discussions and individual interviews to familiarize yourself again with what the community discussed.

> Step 2: Focus on the content you are looking for

A good way to analyse the information is to identify common themes. By comparing and making connections between pieces of information collected by the different assessment tools, it is possible to draw some conclusions.

First of all, look through all the gathered information and discuss among the team the following questions:

- Which are the principal and the most common health problems
 - ↳ for adults? Why do you think this is?
 - ↳ for women of reproductive age? Why do you think this is?
 - ↳ for children over five years old? Why do you think this is?
 - ↳ for infants under five years old? Why do you think this is?
 - ↳ for older people? Why do you think this is?
- What are the disease patterns and epidemic risks? How do they relate to the seasonal calendar?
- What are the most common safety issues? What are the causes of each of these safety issues?
- Which are the main and most common first aid needs and what are the most common types of injuries? What are the causes of each?

Post-assessment

You will be building a picture of what the assessment tools together say about what the community considers its health, first aid and safety risks, and how they feel they can reduce these. Look across the information to identify similarities and differences in response to:

1. Which health, first aid or safety issues and behaviours are the main concerns in the community?
2. What do people feel are the main causes of these issues/concerns and behaviours?
3. How is the community or how are individuals affected by these issues/concerns?
4. How do people cope/deal with these issues/concerns?
5. What resources or ideas do people have to address these issues/concerns?

 **Step 3:** Fill in the “information compilation worksheet”

Refer to the worksheet for each completed activity (transect walk, interviews, etc.) and transfer the information to the corresponding boxes in the information compilation worksheet found in [Annex 2](#).

Additional “focus group discussion” or “individual interview” rows may need to be added to the information compilation worksheet, depending on the number of each that were conducted.

 **Step 4:** Organize and analyse your gathered information

On the information compilation worksheet, review all the information by column across the different assessment exercises and identify repeating common themes or patterns. For example:


- Ideas
- Behaviours
- Incidents
- Terminology or phrases used by community members

You should look in the data for responses that correspond to the six questions which head the columns. The question the team should ask themselves throughout the exercise is:

- What were the key ideas in relation to each of these five questions that were expressed or observed across the different assessment tools?

At the end, responses can be combined to a summary information worksheet. See [Annex 3](#) for an example.

Highlight/mark on the worksheet which themes and/or patterns repeat themselves and enter these on the draft summary information worksheet.

 **Note** that this is a draft summary worksheet, and not the final version. The team will first discuss the results, and the worksheet will then be discussed and finalized with the community leaders and representatives during the community validation exercise.

Post-assessment

No Red Cross Red Crescent staff member or volunteer should be expected to conduct the entire assessment or analysis on their own. Teams should ensure they have the necessary support to conduct the assessment appropriately.

TOPIC 3.2: CONFIRMING ASSESSMENT FINDINGS WITH THE COMMUNITY

Before developing a community action plan, it is important to confirm assessment findings with the community. As the information gathered through the different tools is based on different assessment team members' observations and conversations, it is possible that it may not be an accurate reflection of the community's health needs, vulnerabilities and capacities.

Developing an effective community health action plan depends upon quality data. It is therefore important to get the community participants' feedback on the information gathered to confirm that it reflects key concerns and issues affecting the community.

TOPIC 3.3: DEVELOPING AN ACTION PLAN BASED ON THE ASSESSMENT FINDINGS

Community assessment should now be translated into realistic actions. This step focuses on working with the community to identify priorities and agree on the most appropriate and effective next steps for the community.

Prioritize issues with the community

Review the assessment findings together with community representatives and identify the issues that matter most to them. Look for problems that were repeatedly raised across different assessment methods. Two vital points here: (1) make sure every result of assessment discussed with the community is anonymous, and (2) the community representatives with whom you are discussing represent the diversity and interests of the whole community.

Not all identified problems can or should be addressed by the National Society in this community. During the prioritization, consider:

Post-assessment

- **Relevance:** Is this a significant health, first aid or safety concern for the community?
- **Feasibility:** Can the issue realistically be addressed with available time, skills and resources?
- **Mandate and role:** Is this within the scope of Red Cross Red Crescent community health work?
- **Community ownership:** Is there interest and willingness from the community to engage?

Be transparent about the limits of the work that can be done and avoid raising expectations around issues that are outside the programme or National Society's capacities. Where important needs fall outside the scope of the community health activities, teams can support communities to link with the appropriate authorities or partners.

The outcome of this step should be a short, agreed list of priorities.

Develop a simple action plan

Once priorities are agreed, the assessment team and community representatives should outline how the National Society and the community will respond. At this stage, the focus is on defining what will be addressed and in what general way, rather than developing detailed technical programme designs.

A basic action plan should

- Reflect the priorities identified through the assessment
- Be realistic given available resources and capacities
- Clarify roles of volunteers, staff and community members
- Include an indicative timeline
- Remain flexible and open to refinement

Plans should be based on assessment evidence – not assumptions or external preferences.

Important here – teams are strongly encouraged to use the dedicated module, *Understanding and supporting healthy behaviour in the community*, which goes into far more detail on how to design effective community health interventions and behaviour change activities following the assessment phase.

Re-engaging with community members

Once an action plan has been drafted, the community should once again be engaged to confirm feasibility of the plan, help to refine the specifics of activities planned such as coordination, resource needs, timelines, etc, and get community buy-in for the plan. This step is critical in strengthening community ownership, improving coordination and awareness, and ultimately increasing the effectiveness of implementation.

Post-assessment

TOPIC 3.4: IMPLEMENTATION, MONITORING AND REPORTING COMMUNITY HEALTH ACTIVITIES

Community assessment is not a one-off exercise. After priorities and initial actions have been implemented, teams should ensure that assessment findings continue to inform implementation and learning over time. The same assessment methods can be used to monitor progress, which is essential in helping the team understand whether actions taken are effective, remain relevant and whether situations in the community are evolving. Over time monitoring may indicate that activities should continue, be adapted, phased out, or that a new community assessment is needed to reprioritize health activities. This will close the loop from assessment – analysis – planning – implementing – monitoring and reporting.

Monthly volunteer activity forms are recommended to use for tracking and monitoring volunteer activities alongside the assessment findings. You will find an example of a volunteer activity form in [Annex 4](#). These forms provide a simple record of which households or groups were visited, the activities carried out and the time spent. Volunteer reporting helps assess whether activities are successful and provides government authorities with insight into what is happening at the community level. It also demonstrates to community members that the community health programme is active and making a positive difference. Finally, reporting generates evidence that supports informed decision-making and continuous improvement of the community health project. All stakeholders, particularly local branch staff, supervisors and community leaders should be actively involved in the reporting process.

The community and all relevant stakeholders should be constantly engaged during the monitoring process to get their feedback and maintain transparency and trust. Consider also sharing reports with relevant authorities, partners and stakeholder organizations. Be accountable towards the communities with whom you are working and share and analyse the results together. Encourage all feedback from community members and include it in the community health action plan for the upcoming year.

Important here – for more detailed guidance on this process, teams are again strongly encouraged to consult the *Understanding and supporting healthy behaviour in the community* module which goes into more detail on effective community health planning, implementation, monitoring and evaluations.

Post-assessment

Links to important additional materials on post-assessment

► EVCA ASSESSMENT TOOLBOX – PrepareCenter



What it's about: Provides a collection of commonly used assessment methods in humanitarian and community contexts - and supplies guidance and tools for using and analysing them.



Why it's critical: Helps teams quickly choose and understand how to apply the appropriate assessment approach and work towards community resilience.



Resources: [Prepare Center Assessment Toolbox](#)

► RCCE MODULE 4.5: Quantitative data analysis in operational social science research



What it's about: Covers descriptive statistics, frequency tables, and basic statistical tools to analyse numerical data from assessments.



Why it's critical: Identifies trends and patterns in community needs and risks, providing measurable insights to guide interventions.



Resources: See guidelines for specific methods of analysis. See [RCCE Module 4.5](#) for more comprehensive quantitative analysis methods (essential pages 3-7).

► RCCE MODULE 4.6: Qualitative data in operational social science research



What it's about: Covers thematic analysis, coding and triangulation to interpret qualitative data from focus groups, interviews and observations.



Why it's critical: Uncovers community perceptions, barriers and priorities, ensuring context-specific, community-driven solutions.



Resources: See guidelines for specific methods of analysis. See [RCCE Module 4.6](#) for more comprehensive qualitative analysis methods (essential pages 3-11).

Post-assessment



ANNEXES





ANNEX 1

EXAMPLE OF SEASONAL CALENDAR

Seasonality	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Heavy rains												
Light rains												
No rain/drought												
Shortage of drinking water												
Planting												
Harvesting												
Festivals												
Unemployment												
Food availability												
Food shortage												
Lack of food variety												
Health/disease												
Flu/cough/colds												
Stomach illness (vomiting/diarrhoea)												
Water-borne diseases (fungi, sores, diarrhoea)												
Head lice												
Weather hazards												
Hurricane												
Floods												
Temperature (high-low)												

INFORMATION COMPILATION WORKSHEET

Record key recurring/repeating themes and patterns you have observed from the seven tools. Note that “you” in the questions heading the columns refers to the community member(s) interviewed.

Tool	Which health, first aid or safety issues are you concerned about for you, your family or your community?	What is the cause of these issues/ concerns you raised?	How is the community or you affected by these issues/ concerns?	How do you/ other people cope/deal with these issues/ concerns?	What resources/ ideas do you have to address these issues / concerns?	Information gap
Information from secondary data						
Community mapping						
Transect walk						
Seasonal calendar						
Focus group discussion 1 (name and role in community)*						
Focus group discussion 2 (name and role in community)*						
Household interview 1**						
Household interview 2**						
Doer/ non-doer analysis***						

* Add more rows for focus group discussions, if needed.

** Add more rows for household interviews, if needed.

*** Add more rows for doer/non-doer analysis as needed.

ANNEX 3

SUMMARY INFORMATION WORKSHEET: ALL TOOLS COMBINED

Key question	Combined response
Which health, first aid or safety issues were people concerned about in their community?	
What is the cause of these issues or concerns?	
How is the community affected by these issues or concerns?	
How do people cope/deal with these issues or concerns?	
What resources/ideas may be available to address these issues or concerns?	
What are information gaps	

MONTHLY VOLUNTEER ACTIVITY FORM

Month and year: _____

Name of volunteer: _____

Name of branch: _____

Name of village: _____

Total no. of households: _____

Total population: _____

Date	Community health topic	Activity carried out	Form of activity, group or individual	1 = 1 st visit R = repeat visit	Number of participants		Comments, important information
					Female	Male	

ANNEX 5

LIST OF IFRC ASSESSMENT RESOURCES

Name	Description	Topics covered	Webpage
EVCA	Guide with a new approach and a participatory process developed by the IFRC to enable communities to become more resilient through the assessment and analysis of the risks they face, and the implementation of actions to reduce these risks. Includes new epidemics. Health was not included at the beginning	<p>Stage 1: Engage and connect</p> <p>Stage 2: Understand risks and resilience</p> <p>Stage 3: Take action to strengthen resilience</p> <p>Stage 4: Learn</p>	<p>Enhanced Vulnerability and Capacity Assessment - PrepareCenter</p> <p>Toolbox – PrepareCenter</p> <p>Community Resilience Measurement Dashboard (ifrc.org)</p>
Resilience Radar	The Resilience Radar is a tool designed to assess and monitor the resilience of communities over time. It provides a visual representation of resilience across various dimensions, helping organizations and communities to identify strengths and vulnerabilities. The Radar typically covers multiple sectors such as health, livelihoods, water and sanitation, disaster risk management and social cohesion. It is used to track progress and inform decision-making processes.	<p>Difference:</p> <p>Scope and focus: The Resilience Radar tends to have a broader scope, often used at the community or organizational level to monitor multiple dimensions of resilience over time. The Resilience Star, on the other hand, might focus more on specific areas or household-level resilience.</p> <p>Visualization and use: While both tools use visual representations, the Resilience Radar often employs a radar chart to show progress across different sectors, whereas the Resilience Star uses a star-shaped diagram to highlight strengths and weaknesses in key resilience areas.</p>	<p>Resilience Radar User Manual. A practical tool to measure community resilience - PrepareCenter</p>
Resilience Star	The Resilience Star is another tool used to measure and visualize the resilience of households or communities. It focuses on key areas that contribute to resilience, such as economic stability, social equity, infrastructure, environmental management and governance. The Star provides a snapshot of resilience in these areas, often using a star-shaped diagram where each point represents a different resilience dimension. This tool helps in identifying areas that need improvement and in planning interventions.	<p>Application: The Resilience Radar is typically used for ongoing monitoring and evaluation, helping to track changes and inform strategic decisions. The Resilience Star is often used for more targeted assessments and planning, providing a clear visual of where interventions are most needed.</p> <p>Both tools are part of IFRC's efforts to build stronger, more resilient communities by providing clear, actionable insights into the factors that contribute to resilience.</p>	<p>Resilience Star - PrepareCenter</p>
CBS assessment tool	The Community-Based Surveillance (CBS) tool is a systematic approach to detect and report events of public health significance within communities. CBS involves community members in the surveillance process, enabling early detection and response to health threats such as disease outbreaks. This approach is crucial for improving community health security and preventing the spread of diseases.	Only for detection of epidemics	<p>https://cbs.ifrc.org/</p>

LIST OF IFRC ASSESSMENT RESOURCES

Name	Description	Topics covered	Webpage
PER (Preparedness and Response Capacity Strengthening)	The PER approach is a continuous and flexible process that enables National Societies to assess, measure and analyse the strengths and gaps of its preparedness and response mechanism, and ultimately take necessary action to improve it.	For National Society preparedness	https://go.ifrc.org/preparedness/global-summary
Emergency needs assessment	The objective of the Emergency needs assessment is to systematically evaluate the needs of communities affected by disasters. This assessment helps in identifying the immediate and long-term needs of disaster-affected populations, which is crucial for planning and delivering effective disaster response and recovery efforts. By understanding the specific needs and vulnerabilities of affected communities, humanitarian organizations can prioritize interventions and allocate resources more efficiently to address the most critical issues.	For emergencies	https://www.ifrc.org/our-work/disasters-climate-and-crises/supporting-local-humanitarian-action/emergency-needs
Community engagement and accountability (CEA) in assessments tool	This tool provides an overview of data to collect during assessments for community engagement and accountability. This includes the types of data needed, methods for collection, and priority questions to include in assessment surveys. This tool also provides guidance on which data to collect at each stage of an emergency response, tips for data collection, sources of secondary data and how to use the IFRC analysis framework.	For CEA only	CEA assessment tool

Community health series



+C IFRC

Swiss Red Cross 

The **International Federation of Red Cross and Red Crescent Societies (IFRC)** is the world's largest humanitarian network, with **191 National Red Cross and Red Crescent Societies** and around **16 million volunteers**. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.